

Contract Manager and  
Location/Building: *Brenda Fink*  
Contract #: *2014 2043*

**Amendment No. 1 to the  
Agreement Between  
Michigan Department of Community Health  
and  
Real Alternatives  
for  
Michigan Pregnancy and Parenting Support services Program**

**1. Period of Agreement**

This agreement shall commence on October 1, 2013 and continue through January 31, 2015. This agreement is in full force and effect for the period specified.

**2. Program Budget and Agreement Amount**

This amendment modified the budget detail in Attachment B but does not change the total or Department's original agreement amount.

**3. Amendment Purpose**

The purpose of this amendment is to modify the budget detail in Attachment B and to extend the original agreement end date from September 30, 2014 to January 31, 2015. In addition, Attachment C contains reporting periods to match the new agreement end date.

**4. Original Agreement Conditions**

It is understood and agreed that all other conditions of the original agreement remain the same.

**5. Special Certification**

The individual or officer signing this amendment certifies by his or her signature that he or she is authorized to sign this amendment on behalf of the responsible governing board, official or Grantee.

**6. Signature Section**

**For the Michigan Department of Community Health**

Kristi Broessel

9/10/14

Date

Kristi Broessel, Director  
Grants and Purchasing Division

**For the GRANTEE:**

KERIN I. BAGATTA

PRESIDENT & CEO

Name (print)

Title (print)

Kerin I. Bagatta

9/4/2014

Date

Signature

**PROGRAM BUDGET SUMMARY**

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

*View at 100% or Larger*

*Use WHOLE DOLLARS Only*

**ATTACHMENT B.1**

PROGRAM <b>Michigan Pregnancy &amp; Parenting Support Services</b>			DATE PREPARED 9/2/14	Page 1	Of 1
CONTRACTOR NAME <b>Real Alternativea</b>			BUDGET PERIOD From: Oct. 1, 2013 To: January 31, 2015		
MAILING ADDRESS (Number and Street) <b>7810 Allentown Blvd, Ste 304</b>			BUDGET AGREEMENT <input type="checkbox"/> ORIGINAL	AMENDMENT # <input checked="" type="checkbox"/> AMENDMENT 1	
CITY <b>Harrisburg</b>	STATE <b>PA</b>	ZIP CODE <b>17112</b>	FEDERAL ID NUMBER <b>23-2868660</b>		
EXPENDITURE CATEGORY					TOTAL BUDGET (Use Whole Dollars)
1. SALARY & WAGES					
2. FRINGE BENEFITS					
3. TRAVEL					
4. SUPPLIES & MATERIALS					
5. CONTRACTUAL (Subcontracts/Subrecipients)					
6. EQUIPMENT					
7. OTHER EXPENSES					
Administrative Expenses		\$105,000			
Services Expenses		\$595,000			
<b>TOTAL DIRECT EXPENDITURES</b>					
8. (Sum of Lines 1-7)		\$700,000	\$0	\$0	
9. INDIRECT COSTS: Rate #1 %					
INDIRECT COSTS: Rate #2 %					\$0
<b>10. TOTAL EXPENDITURES</b>		<b>\$700,000</b>	<b>\$0</b>	<b>\$0</b>	
<b>SOURCE OF FUNDS:</b>					
11. FEES & COLLECTIONS					
12. STATE AGREEMENT		\$700,000			
13. LOCAL					
14. FEDERAL					
15. OTHER(S)					
<b>16. TOTAL FUNDING</b>		<b>\$700,000</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

AUTHORITY: P.A. 368 of 1978

COMPLETION: Is Voluntary, but is required as a condition of funding.

The Department of Community Health is an equal opportunity

employer, services and programs provider.

DCH-0385(E) (Rev. 06/07) (Excel) Previous Edition Obsolete.

**PROGRAM BUDGET - COST DETAIL SCHEDULE**

*View at 100% or Larger*

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

**ATTACHMENT B.2**

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of

*Use WHOLE DOLLARS Only*

PROGRAM		BUDGET PERIOD		DATE PREPARED		
Michigan Pregnancy & Parenting Support Services		From: Oct. 1, 2013	To: Jan. 31, 2015	9/2/14		
CONTRACTOR NAME Real Alternatives		BUDGET AGREEMENT <input type="checkbox"/> ORIGINAL <input checked="" type="checkbox"/> AMENDMENT		AMENDMENT # 1		
1. SALARY & WAGES: POSITION DESCRIPTION		COMMENTS		POSITIONS REQUIRED		
President & CEO				\$ 18,000		
Director of Finance				\$ 4,200		
Assistant Director of Finance				\$ 4,000		
Accountant				\$ 5,100		
Bookkeeper				\$ 3,500		
Accrued Vac & Sick				\$ 238		
		1. TOTAL SALARY & WAGES:		0.000 \$ 35,038		
2. FRINGE BENEFITS: (Specify)		<input checked="" type="checkbox"/> FICA <input checked="" type="checkbox"/> UNEMPL. <input checked="" type="checkbox"/> OY INS <input checked="" type="checkbox"/> RETIREM <input checked="" type="checkbox"/> ENT <input checked="" type="checkbox"/> FIOSPITA <input checked="" type="checkbox"/> L. INS	<input checked="" type="checkbox"/> LIFE INS <input checked="" type="checkbox"/> VISION <input checked="" type="checkbox"/> HEARING <input checked="" type="checkbox"/> TBS <input checked="" type="checkbox"/> OTHER:spec IV-	DENTAL INS WORK COMP		\$ 10,010
3. TRAVEL: (Specify if category exceeds 10% of Total Expenditures)				2. TOTAL FRINGE BENEFITS: \$ 10,010		
4. SUPPLIES & MATERIALS: (Specify If category exceeds 10% of Total Expenditures)				\$ 3,500		
Office Expense				\$ 14,748		
Computer Resources				\$ 20,000		
4. TOTAL SUPPLIES & MATERIALS:				\$ 34,748		
5. CONTRACTUAL: (Subcontracts/Subrecipients)						
Name		Address		Amount		
Consulting				\$ 6,000		
Legal Consulting				\$ 1,200		
5. TOTAL CONTRACTUAL:				\$ 7,200		
6. EQUIPMENT: (Specify)				Amount		
				6. TOTAL EQUIPMENT: \$ -		
7. OTHER EXPENSES: (Specify if category exceeds 10% of Total Expenditures)				Amount		
Communication:						
Space Cost:		Rent / Telephone		\$ 7,000		
Others (explain):		Business Insur + Ofc & Directors Insurance		\$ 1,100		
		Audit		\$ 5,000		
		Equip. Service Contract		\$ 500		
		Professional Development		\$ 624		
		Job Advertising / Employee Screening		\$ 280		
7. TOTAL OTHER EXPENSES:				\$ 14,504		
8. TOTAL DIRECT EXPENDITURES: (Sum of Totals 1-7)		8. TOTAL DIRECT EXPENDITURES:		\$ 105,000		
9. INDIRECT COST CALCULATIONS:						
Rate #1 Base \$		x Rate		= \$ -		
Rate #2 Base \$		- x Rate		0.00% = \$ -		
9. TOTAL INDIRECT EXPENDITURES:				\$ -		
10. TOTAL ALL EXPENDITURES: (Sum of Lines 8-9)				\$ 105,000		
AUTHORITY: P.A. 368 of 1978			The Department of Community Health is an equal opportunity employer, services and programs provider.			
COMPLETION: Is Voluntary, but is required as a condition of funding.			Use Additional Sheets as Needed			
DCH-0386(E) (Rev. 09/07) (EXCEL) Previous Edition Obsolete						

**PROGRAM BUDGET - COST DETAIL SCHEDULE**

*View at 100% or Larger*      MICHIGAN DEPARTMENT OF COMMUNITY HEALTH  
*Use WHOLE DOLLARS Only*

ATTACHMENT B.2

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PROGRAM		BUDGET PERIOD		DATE PREPARED	
Michigan Pregnancy & Parenting Support Services		From: 10/1/13	To: 1/31/2015	9/2/14	
CONTRACTOR NAME Real Alternatives		<input type="checkbox"/> ORIGINAL <input checked="" type="checkbox"/> AMENDMENT		AMENDMENT # 1	
1. SALARY & WAGES: POSITION DESCRIPTION		COMMENTS		POSITIONS REQUIRED	
Vice President				\$ 13,000	
Service Provider Approval				\$ 3,100	
Quality Control Coordinator				\$ 4,700	
Service Provider Monitoring				\$ 2,000	
Toll Free				\$ 670	
Accrued Vac & Sick				\$ 118	
		1. TOTAL SALARY & WAGES:		0.000 \$ 23,588	
2. FRINGE BENEFITS: (Specify)		<input checked="" type="checkbox"/> LIFE INS <input checked="" type="checkbox"/> DENTAL INS <input checked="" type="checkbox"/> UNEMPL <input checked="" type="checkbox"/> VISION INS <input checked="" type="checkbox"/> WORKCOMP <input checked="" type="checkbox"/> OY INS <input checked="" type="checkbox"/> HEARING <input checked="" type="checkbox"/> RETIREM <input checked="" type="checkbox"/> INS <input checked="" type="checkbox"/> ENT <input checked="" type="checkbox"/> OTHER:spec <input checked="" type="checkbox"/> HOSPITA <input checked="" type="checkbox"/> L INS		\$ 6,236	
				2. TOTAL FRINGE BENEFITS: \$ 6,236	
3. TRAVEL: (Specify if category exceeds 10% of Total Expenditures)				\$ 7,400	
		3. TOTAL TRAVEL:		\$ 7,400	
4. SUPPLIES & MATERIALS: (Specify if category exceeds 10% of Total Expenditures)				\$ 6,000	
Client Education Materials				\$ 10,500	
Pregnancy Test Kits				\$ 16,500	
4. TOTAL SUPPLIES & MATERIALS:					
5. CONTRACTUAL: (Subcontracts/Subrecipients)				\$ 507,276	
Name		Amount			
Client Services		\$ 501,276			
Database Consulting		\$ 6,000			
		5. TOTAL CONTRACTUAL:		\$ 507,276	
6. EQUIPMENT: (Specify)		Amount		\$ -	
		6. TOTAL EQUIPMENT:		\$ -	
7. OTHER EXPENSES: (Specify if category exceeds 10% of Total Expenditures)		Amount		\$ -	
Communication:				\$ -	
Space Cost:		\$ 13,000			
Others (explain):		\$ 1,000			
Contract Closeout Cost		\$ 20,000			
		7. TOTAL OTHER EXPENSES:		\$ 34,000	
8. TOTAL DIRECT EXPENDITURES: (Sum of Totals 1-7)		\$ -		\$ 595,000	
9. INDIRECT COST CALCULATIONS:		Rate #1 Base \$    x Rate    0.00%    =    \$ - Rate #2 Base \$    x Rate    0.00%    =    \$ -		9. TOTAL INDIRECT EXPENDITURES: \$ -	
10. TOTAL ALL EXPENDITURES: (Sum of lines 8-9)				\$ 595,000	
AUTHORITY: PA. 386 of 1970			The Department of Community Health is an equal opportunity employer, services and programs provider.		
COMPLETION: Is Voluntary, but is required as a condition of funding. DCH-0386(B) (Rev. 05/07) (EXCEL) Previous Edition Obsolete			Use Additional Sheets as Needed		

**ATTACHMENT C**

**PERFORMANCE / PROGRESS REPORT REQUIREMENTS**

- A. The Contractor shall submit the following reports on the following dates:
  1. 1<sup>st</sup> Quarter Period 10/1/13 - 12/31/13 - Due 2/14/14
  2. 2<sup>nd</sup> Quarter Period 1/1/14 - 3/31/14 - Due 5/15/14
  3. 3<sup>rd</sup> Quarter Period 4/1/14 - 6/30/14 - Due 8/15/14
  4. 4<sup>th</sup> Quarter Period 7/1/14 - 9/30/14 - Due 11/14/14
  5. 5<sup>th</sup> Quarter Period 10/1/14 - 12/31/14 - Due 1/31/15
  6. Monthly Period 1/1/15 - 1/31/15 - Due 2/28/15
  
- B. Any such other information as specified in the Statement of Work, Attachment A shall be developed and submitted by the Contractor as required by the Contract Manager.
  
- C. Reports and information shall be submitted to the Contract Manager at:

Brenda Fink, Director  
Family and Community Health Division  
Michigan Department of Community Health  
109 W. Michigan  
Lansing, MI 48913
  
- D. The Contract Manager shall evaluate the reports submitted as described in Attachment C, Items A. and B. for their completeness and adequacy.
  
- E. The Contractor shall permit the Department or its designee to visit and to make an evaluation of the project as determined by Contract Manager.